



CITY OF ROCHESTER
NEW BUSINESS
BUSINESS PERMIT APPLICATION

NET - Records Management
30 Church Street - 007A
Rochester, New York 14614

To be completed by Business Owner and/or Operator: 428-6520 Page 1 of 2

Business Name: Business Phone:

Business Operator:

Business Address: ZIP:

Business Type: F= Food Store R/S= Retail Store S= Barber Shop/Salon
R= Restaurant B=Bar B/R= Bar/Restaurant
L= Laundromat D= Drug Store A = Automobile Service Facility

Other Related Licenses:
(i.e. Liquor, Entertainment, Amusement Center, Pawn Broker, Second Hand Dealer, Barber)
Type: Number:

Date of Birth: Hours of Operation: from: to:

Business Owner and/or Corporation/Partnership (If other than operator):

Owner/Operator:

Home Address: Home Phone:

Zip:

Partners:

I understand that false statements made on this application may result in the denial or revocation of the Business Permit.

Business Operator Signature: Date:

ALL PERMITS WILL BE MAILED TO THE BUSINESS ADDRESS

To Be Completed by City:

FEE: N/C: New:\$25.00 Conditional:\$300

NET ADMINISTRATOR & NET LIEUTENANT: (ATTACH PERMIT APPROVAL FORM)

RFD/Fire Safety: Date: (Required for new places of assembly only)

DCD ZONING: Date:

Legal Use:

Approved Hours of Operation: AM/PM to AM/PM

Approved MAXIMUM Occupancy: (Bars/Restaurants)

DATE OF NET INSPECTION (If Necessary): TIME:

VIOLATIONS:

NET INSPECTOR: Date:

YES NO

NET CODE ENFORCEMENT

Current C/O Yes No Date

Open cases Yes No

Nuisance Points Yes No # Points

Active Permits Yes No

MCVB Judgements Yes No

The required approvals must be signed and dated by the appropriate staff before a Permit will be issued.

Date of Approval: Permit #:

Have you operated any other business in the City of Rochester which was required to obtain a Certificate of Use, Business Permit or any Business License?

Yes _____ No _____

If yes, please list any and all businesses and any and all operators below (attach additional sheet if necessary):

Name of Business _____

Address _____

Owner/Operator _____

Year Business Started _____

Year and Reason Closed _____

Name of Business _____

Address _____

Owner/Operator _____

Year Business Started _____

Year and Reason Closed _____

DOCUMENTS REQUIRED TO OBTAIN A BUSINESS PERMIT

_____ Driver's License or other form of Photo ID

_____ Any and all Licenses and Permits required for the operation of the business must be listed on the application
(If a required license has not yet been issued, it should be listed as pending on the application)

_____ \$25 cash, check or credit card, made payable to the City of Rochester Treasurer

Business Permits verify that the business can operate in the City of Rochester. The business is still required to uphold all laws and ordinances of the City of Rochester, including those related to Zoning, signage and safety. All licenses and permits required for the operation of the business must be maintained in good standing at all times.